

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716111

FILED
Apr 09, 2007
Secretary of State

Entity Name: THE TOWERS OF JACKSONVILLE, INC.

Current Principal Place of Business:

1400 LEBARON AVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1400 LEBARON AVE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-1392216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLERNON, MICHAEL
1400 LEBARON AVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: EDWARDS, DANNY
Address: 9908 VINEYARD LAKE LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: MCQUAIG, DAWSON
Address: 4662 SWILCAN BRANCH LN. S.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: HIGGINBOTHAM, ROBERT
Address: 8160 SABAL OAK LN
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: MITCHELL, JOHN III
Address: 4444 CATHEYS CLUB LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: ST () Delete
Name: HILL, STAN W.,
Address: 8484 STABLES RD.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: WRENN, PAUL JR
Address: 11576 SUMMER HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: CUTHBERTSON, CHARLES,
Address: 5535 COASTAL LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES CUTHBERTSON

ST

04/09/2007

Electronic Signature of Signing Officer or Director

Date